For your convenience, this form may be completed online. Every section must be completed, print the form, and mail the completed form with an original signature of the agent/representative to the address below.

MISSOURI SECRETARY OF STATE

AUTHORIZATION AGREEMENT

Print Reset

AGENT/REPRESENTATIVE NAME		FEIN	DATE
AGENT/REPRESENTATIVE EMAIL ADDRESS - CORPORATE ACCOUNT *		* The email address is where the e-account number will be transmitted for the corporate account.	
BUSINESS NAME	BUSINESS ADDRESS		
BUSINESS CITY		BUSINESS STATE	BUSINESS ZIP
BANK'S (DEPOSITORY) NAME	BANK'S STREET/BOX		
BANK'S CITY		BANK'S STATE	BANK'S ZIP CODE

TRANSIT ROUTING NUMBER

[ ]

BANK ACCOUNT NUMBER

I (we) hereby authorize the MISSOURI SECRETARY OF STATE, hereinafter called COMPANY to initiate debit and credit entries to my (our) ☐ Checking account or ☐ Savings account ☐ General Ledger indicated above and the depository named above, hereinafter or called DEPOSITORY, to debit or credit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it.

AGENT/REPRESENTATIVE NAME	SIGNATURE
AGENT/REPRESENTATIVE NAME	SIGNATURE

ATTACH VOIDED CHECK (IF AVAILABLE)* OR
MAIL COMPLETED FORM TO: SECRETARY OF STATE, UCC DIVISION, PO BOX 1159, JEFFERSON CITY, MO 65102-1767